

HOLY TRINITY GREEK ORTHODOX CATHEDRAL

Greek School Registration Form 2011-2012

Tuition Per Family (if paid in full by September 11, 2011)

1 Student- \$200

2 Students- \$400

3 Students- \$500

4 Students- \$550

OR \$75 per term per student

Please send payments to the church office. Aid is available to those in need.

CHILD 1 INFORMATION

Student's Name: _____ E-Mail: _____

Date of Birth: _____ Age: _____ Grade Level: _____

CHILD 2 INFORMATION

Student's Name: _____ E-Mail: _____

Date of Birth: _____ Age: _____ Grade Level: _____

CHILD 3 INFORMATION

Student's Name: _____ E-Mail: _____

Date of Birth: _____ Age: _____ Grade Level: _____

CHILD 4 INFORMATION

Student's Name: _____ E-Mail: _____

Date of Birth: _____ Age: _____ Grade Level: _____

PARENT INFORMATION/ EMERGENCY CONTACT

Parents' Names: _____

Parents' Home Phone(s): _____

Parents' Cell or Work Phone(s) : _____

Parents' E-Mail(s): _____

Address: _____

Does at least 1 parent speak Greek? _____ Read Greek? _____ Write Greek? _____

Emergency Contact Name/ Phone Number: _____

MEDICAL INFORMATION (For emergency use)

Allergies or restrictions, including food: _____

Other conditions (i.e. diabetes, epilepsy): _____

Preferred Hospital: _____

PARENTAL CONSENT:

In the event of an emergency, I give church and Greek school staff permission to administer First Aid and to have my child transported to the nearest medical care facility. I authorize staff to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care to be rendered to my child. I shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to my child pursuant to this authorization. Should it be necessary for my child to return home due to medical reasons or otherwise, I shall assume all transportation costs.

Parent/Guardian Signature: _____ Date: _____